DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FIFTH EDITION, TEXT REVISION (DSM-5-TR) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **What is an example of an experience included in "other specified" psychotic disorders?**

   A. Euphoria

   B. Hallucinations without other symptoms

   C. Severe mood disorder

   D. Fixed delusions

2. **How are symptoms categorized in Schizophrenia and Related Disorders?**

   A. By acute mood episodes only

   B. Through a disconnection from reality

   C. Depending solely on the duration of symptoms

   D. Classified by their physical presenting features

3. **What is the defining issue of Female Orgasmic Disorder?**

   A. Marked infrequency or absence of orgasms

   B. Physical pain during any form of sexual activity

   C. Sustained arousal without any orgasm

   D. Complete sexual disinterest in partners

4. **What is an example of Other Specified Neurodevelopmental Disorder?**

   A. Neurodevelopmental disorder due to genetic mutation

   B. Neurodevelopmental disorder associated with parental alcohol exposure

   C. A common developmental delay

   D. Attention-deficit hyperactivity disorder without symptoms of impairment

5. **Which trait is NOT associated with Paranoid Personality Disorder?**

   A. Suspicion of infidelity

   B. Excessive need for social relationships

   C. Reluctance to confide in others

   D. Pervasive distrust of others

6. **What defines Conversion Disorder?**

   A. Psychological symptoms leading to physical conditions

   B. Physical symptoms without physiological basis

   C. Falsification of medical symptoms for personal gain

   D. Excessive worry about a serious illness

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7. What characterizes Phencyclidine Use Disorder?

A. Craving for ice cream
B. Problems with consistent phencyclidine use
C. Excessive energy and hyperactivity
D. Severe anxiety after cessation

8. What distinguishes Binge-Eating Disorder from Bulimia Nervosa?

A. Involvement of purging behavior after binge eating
B. Presence of excessive weight gain
C. Lack of compensatory behaviors following binge episodes
D. Consuming non-nutritive substances

9. What do communication disorders specifically involve?

A. Impairment in physical coordination
B. Difficulty with language, speech, and communication
C. Emotional instability and mood swings
D. Loss of interest in social activities

10. What does Encopresis refer to?

A. Nightmares during sleep
B. Involuntary or intentional defecation over the age of 5
C. Excessive sleep-related episodes
D. Difficulty initiating sleep

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Answers

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1. B
2. B
3. A
4. B
5. B
6. B
7. B
8. C
9. B
10. B

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Explanations

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1. What is an example of an experience included in "other specified" psychotic disorders?

A. Euphoria

B. Hallucinations without other symptoms

C. Severe mood disorder

D. Fixed delusions

The classification of "other specified" psychotic disorders in the DSM-5-TR serves to recognize presentations of psychosis that do not fit neatly into the established categories of psychotic disorders. Hallucinations without other symptoms is a prime example, as it acknowledges the presence of hallucinations in a context where there are no additional features (like delusions or disorganized thinking) that would otherwise warrant a diagnosis of a specific psychotic disorder. This option highlights a situation where an individual may experience perceptual disturbances but does not meet the full criteria for a more defined psychotic disorder, allowing clinicians to specify the atypical features of the patient's condition while still acknowledging the significant impact of hallucinations on their functioning. This nuanced approach helps to ensure that individuals receive appropriate treatment for their specific symptoms, even when their experience does not align with traditional diagnostic categories.

2. How are symptoms categorized in Schizophrenia and Related Disorders?

A. By acute mood episodes only

B. Through a disconnection from reality

C. Depending solely on the duration of symptoms

D. Classified by their physical presenting features

Symptoms of Schizophrenia and Related Disorders are primarily characterized by a disconnection from reality, often referred to as a psychotic experience. This disconnection can manifest in various ways, including delusions, hallucinations, disorganized thinking, and significant impairments in functioning. These symptoms profoundly affect an individual's perception of reality and can lead to difficulties in social relationships, work, and daily life. This disconnection is a core feature of schizophrenia, helping differentiate it from mood disorders or other psychiatric conditions where reality testing is often intact. The understanding of the disorder revolves around this central concept of psychosis, which serves as a guiding principle for diagnosis and treatment options in line with the DSM-5-TR. The other response options do not encapsulate the nature of symptoms in schizophrenia adequately. Acute mood episodes pertain more to mood disorders such as bipolar disorder and do not capture the essence of schizophrenia. While duration of symptoms is an important aspect for diagnosis, it is not the primary way symptoms are categorized. Lastly, classifying symptoms based solely on physical presenting features overlooks the critical cognitive and emotional disturbances that are fundamental to this disorder.

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3. What is the defining issue of Female Orgasmic Disorder?

A. Marked infrequency or absence of orgasms

B. Physical pain during any form of sexual activity

C. Sustained arousal without any orgasm

D. Complete sexual disinterest in partners

The defining issue of Female Orgasmic Disorder is the marked infrequency or absence of orgasms. This disorder is characterized by a persistent or recurrent inability to achieve orgasm following a phase of sexual excitement. It is essential to recognize that the focus is specifically on the experience of orgasm, which distinguishes this condition from other sexual dysfunctions. While other options present different issues related to sexual activity—such as physical pain, sustained arousal without orgasm, or a complete lack of interest in sexual activity—they do not accurately capture the essence of Female Orgasmic Disorder. The primary concern for this disorder revolves around the challenges related to reaching orgasm, rather than problems related to pain or absence of sexual desire, thereby clarifying its specific nature within sexual dysfunction classifications.

4. What is an example of Other Specified Neurodevelopmental Disorder?

A. Neurodevelopmental disorder due to genetic mutation

B. Neurodevelopmental disorder associated with parental alcohol exposure

C. A common developmental delay

D. Attention-deficit hyperactivity disorder without symptoms of impairment

An example of Other Specified Neurodevelopmental Disorder is when a neurodevelopmental disorder is specifically identified as being linked to parental alcohol exposure. This classification falls under the broader category of neurodevelopmental disorders, which includes conditions that manifest in early development and affect various areas such as communication, learning, and behavior. The term "Other Specified" is utilized when a clinician chooses to specify the reason for the diagnosis rather than categorizing it under a more defined disorder like Fetal Alcohol Spectrum Disorders, which allows for more precise clinical description. In this context, the specification regarding parental alcohol exposure highlights a particular cause and recognizes the distinct characteristics of the disorder that might not align perfectly with established diagnostic criteria of other neurodevelopmental disorders. It allows for appropriate treatment and intervention tailored to the individual's unique circumstances. Other choices do not fit the criteria for "Other Specified Neurodevelopmental Disorder" as they either describe well-defined conditions or lack the specificity associated with the diagnosis required by the DSM-5-TR. For instance, a genetic mutation may lead to a recognized neurodevelopmental disorder rather than a unique categorization, while common developmental delays may be too broad or typical to warrant a specialized diagnosis. Attention-deficit hyperactivity disorder without symptoms of impairment does not

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5. Which trait is NOT associated with Paranoid Personality Disorder?

A. Suspicion of infidelity

B. Excessive need for social relationships

C. Reluctance to confide in others

D. Pervasive distrust of others

Paranoid Personality Disorder is characterized by a pervasive and unjustified pattern of distrust and suspicion towards others. Individuals with this disorder often believe that others are out to harm them or are untrustworthy. The traits commonly associated with this disorder include a reluctance to confide in others due to fear of being betrayed, a pervasive distrust that makes them interpret benign remarks as malicious, and often suspicious thoughts regarding infidelity or loyalty in relationships. The excessive need for social relationships does not align with the characteristics of Paranoid Personality Disorder. In fact, individuals with this disorder often have a tendency to avoid close relationships and are more likely to isolate themselves due to their distrust and suspicion of others. Therefore, this excessive need for social relationships is not a trait that would typically be seen in someone with Paranoid Personality Disorder.

6. What defines Conversion Disorder?

A. Psychological symptoms leading to physical conditions

B. Physical symptoms without physiological basis

C. Falsification of medical symptoms for personal gain

D. Excessive worry about a serious illness

The definition of Conversion Disorder is best captured by the notion of physical symptoms that cannot be fully explained by any medical condition or physiological basis. In this disorder, individuals experience neurological symptoms—such as weakness, movement disorders, or sensory deficits—that manifest physically but are linked to psychological stress or trauma rather than any identifiable physical cause. This reflects the essence of Conversion Disorder, where psychological distress is converted into physical symptoms, which serve as a way for individuals to express and cope with their underlying emotional pain. While other options touch on different aspects of psychological and physical health, they do not specifically capture the essence of Conversion Disorder. The emphasis on intrinsic physical symptoms, with no clear medical rationale, sets it apart from disorders that might involve real physical maladies or symptom exaggeration for ulterior motives.

7. What characterizes Phencyclidine Use Disorder?

A. Craving for ice cream

B. Problems with consistent phencyclidine use

C. Excessive energy and hyperactivity

D. Severe anxiety after cessation

Phencyclidine Use Disorder is characterized by a range of behavioral and psychological patterns associated with the use of phencyclidine (PCP), a dissociative drug. The correct answer focuses on the problems arising from consistent use of phencyclidine, which includes tolerance, withdrawal, and continued use despite negative consequences. Individuals may find it challenging to cut down or control their use, highlighting the impact PCP has on their daily functioning and relationships. This diagnosis reflects a pattern of use that leads to significant impairment or distress, embodying the core criteria for substance use disorders as described in the DSM-5-TR. These problems with consistent use can manifest in various ways, such as neglect of responsibilities or worsening physical health, aligning with the diagnostic criteria of substance-related disorders. The other options do not fit the criteria for Phencyclidine Use Disorder: craving ice cream is unrelated to PCP; excessive energy or hyperactivity is not a typical characteristic associated with PCP use; and while severe anxiety could be seen in a context of withdrawal from certain substances, it is not a hallmark indicator specifically tied to PCP use.

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8. What distinguishes Binge-Eating Disorder from Bulimia Nervosa?

A. Involvement of purging behavior after binge eating

B. Presence of excessive weight gain

C. Lack of compensatory behaviors following binge episodes

D. Consuming non-nutritive substances

Binge-Eating Disorder (BED) is distinguished from Bulimia Nervosa primarily through the absence of compensatory behaviors following binge episodes. In Binge-Eating Disorder, individuals engage in recurrent episodes of binge eating, where they consume an unusually large amount of food in a discrete period while feeling a lack of control during the episodes. However, unlike Bulimia Nervosa, they do not regularly employ purging behaviors, such as vomiting, misuse of laxatives, or excessive exercise, to compensate for their binge eating. This distinction is critical in the DSM-5-TR as it guides diagnosis and treatment approaches. Understanding the lack of compensatory behaviors in Binge-Eating Disorder emphasizes that people suffering from it may experience significant distress, often leading to weight gain and emotional difficulties, but do not engage in the purging that characterizes Bulimia Nervosa. Hence, this lack of compensatory behavior is a defining feature that helps differentiate between these two eating disorders and informs the treatment and management strategies that are most appropriate for individuals.

9. What do communication disorders specifically involve?

A. Impairment in physical coordination

B. Difficulty with language, speech, and communication

C. Emotional instability and mood swings

D. Loss of interest in social activities

Communication disorders specifically involve difficulties with language, speech, and communication. These disorders can manifest in various ways, including challenges in producing speech sounds, understanding language, using language to communicate effectively, or difficulties with social communication. They may affect how an individual expresses themselves or comprehends others, ultimately impacting their ability to engage in effective interpersonal interactions. This understanding aligns with the definition of communication disorders in the DSM-5-TR, which focuses on the functional impairments experienced by individuals in their ability to communicate. The emphasis is not only on the technical aspects of speech production but also on the broader implications for social communication and language use.

10. What does Encopresis refer to?

A. Nightmares during sleep

B. Involuntary or intentional defecation over the age of 5

C. Excessive sleep-related episodes

D. Difficulty initiating sleep

Encopresis specifically refers to the act of involuntary or intentional defecation in a child over the age of 5, which is outside the expected age range for bowel control. The condition can manifest as a result of various factors, including psychological issues, physical ailments, or a combination of both, and is characterized by the repeated passage of feces in inappropriate places, such as clothing or the floor. This behavior often has an emotional component, as it can be linked to stress, anxiety, or a specific response to toilet training experiences. In contrast, the other choices refer to different conditions or behaviors not related to encopresis. Nightmares during sleep pertain to different sleep disturbances. Sleep-related episodes relate to various sleep disorders that do not include bowel control issues. Difficulty initiating sleep falls under insomnia disorders, which are unrelated to gastrointestinal functioning. Understanding these distinctions is essential for properly diagnosing and treating various psychological and developmental conditions.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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